2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED SECRETARY OF STATE DOCUMENT # M9800000308 1. Entity Name BNY ASSET SOLUTIONS LLC DIVISION OF CORPORATIONS 03 MAR 17 AM 10: 18 Principal Place of Business Mailing Address 600 EAST LAS COLINAS BLVD., SUITE 1300 28 EAST 28TH STREETR IRVING, TX 75039 8TH FLR NEW YORK, NY 10016 2. Principal Place of Business 3. Mailing Address 100 CHURCH STREET Suite, Apt. #. etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 9TH FLOOR City & State City & State 4. FEI Number Applied For NEW YORK 75-2743000 Not Applicable Ζp Country \$5.00 Additioned 5. Certificate of Status Desired 1.0286 П ee Required. 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating CATE FILE NOWIN FEE IS \$50.00 eck Psyable to Florida Department of State Due By May 1, 2000 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MIF C Delete TITLE ☐ Change CR2E083 (10/02) FERRARIS, MARK Addition NAME NAME STREET ADDRESS 101 BARCLAY ST STREET ADDRESS City-st-2IP NEW YORK, NY 10286 COY-ST-ZP TITLE ⊠ Defete TITLE MANAGING DIRECTOR (X) Change ☐ Addition MOORE, C. TODD MALIF CONRAD, LORAL R. STREET ADDRESS 600 EAST LAS COLINAS BLVD STREET ADDRESS 600 EAST LAS COLINAS BLVD City-St-ZIP **IRVING, TX 75039** CITY-ST-ZIP IRVING, TX 75039 THE SV ⊠ Defeté TITLE MANAGING DIRECTOR Change ■ Addition NAME BEATY, KYLE-NAME HEYS , SCOTT-STREET ADDRESS 600 EAST LAS COLINAS BLVD STREET ADDRESS 600 EAST LAS COLINAS BLYD CITY-ST-ZIP IRVING, TX 75039 CITY-ST-ZIP TX 75039 TITIE Delete TITLE ☐ Change NAME MASTRO, THOMAS J Addition NAME 70014108903 703-01018-011 **57 STREET ADDRESS ONE WALL ST STREET ADDRESS CITY-57-212 NEW YORK, NY 10286 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition BICKET, PATRICIA A NAME NAME STREET ADDRESS ONE WALL ST STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10286 CITY-ST-ZIP TITUE 🛂 Delete TITLE VICE PRESIDENT Z Change ■ Addition NAME ORTIZ, EDGAR NAME ORTIZ, EDGAR STREET ADDRESS 28 EAST 28TH STREET STREET ADDRESS 100 CHURCH STREET CITY-ST-ZIP NEW YORK, NY 10016 CITY-ST-ZIP YORK, NEW NY 10286 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE